

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035327

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 434

FILED SEP 30 1963

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Cape Girardeau | a. STATE Missouri b. COUNTY Cape Girardeau | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | Length of stay in 1b 14 months | c. CITY OR TOWN Cape Girardeau | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wilson Nursing Home | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 1863 Marietta | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last HARVEY BREEDING | | 4. DATE OF DEATH September 23, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/14/1871 |
| 9. AGE (last birthday) 91 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, ret. | | 11. BIRTHPLACE (City and state or country) Breeding, Kty. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Own business | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY U. S. |
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Nancy Amburgy | 14. NAME OF HUSBAND OR WIFE Margaret Bay Breeding | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. J. Hugh Logan Cape Gir., Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Arteriosclerotic Heart Disease 10 years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 10 minutes | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured hip with hip prosthesis. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from March 1954 to Sept. 23, 1963 and last saw him alive on Sept. 23, 1963 | | | |
| Death occurred at 4:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (If free or title) Edward D. Campbell M.D. | 22b. ADDRESS Cape Girardeau, Missouri | 22c. DATE SIGNED 9-24-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal | 23b. DATE Sept. 26, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Christian Cem. | 23d. LOCATION (City, town, or county) Otway, Ohio (State) |
| 24. FUNERAL DIRECTOR Walther's Funeral Home | ADDRESS Cape Gir. Mo. | 25. DATE RECD. BY LOCAL REG. 9-25-63 | 26. REGISTRAR'S SIGNATURE James Kasten |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

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OCT 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David C. Lusk

Licensed Embalmer No. 2085

P. O. Address Cap Lincoln, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.